

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of

Confirmation No. 8698

DAIROKU et al.

Atty. Ref.: ES-1035-492

Serial No. 10/764,444

T.C. / Art Unit: 1791

Filed: January 27, 2004

Examiner: J.M. Vu

FOR: METHOD OF MANUFACTURING WATER-ABSORBING SHAPED BODY

* * *

REFUND REQUEST

August 13, 2010

Mail Stop 16 - Refund

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Sir:

A refund is respectfully requested for an incorrect charge to our deposit account for an Information Disclosure Statement (IDS). An IDS was submitted on July 19, 2010 with a credit card payment form for the correct charge of \$180 (copy attached with dated stamped post card). Therefore, Applicants believe that the fee was already paid. However, on the Deposit Account Summary Statement of July 2010 from the USPTO (copy attached), Applicants noticed that a second \$180 was charged to Applicants' Deposit Account No. 14-1140 under Order No. 1035-492. Therefore, the required fee of \$180 was paid twice due to an error on the part of the USPTO.

DAIROKU et al.. – Serial No. 10/764,444

Prompt and early action on this refund request would be appreciated. Therefore,
the fee of \$180 should be refunded to our Account No. 14-1140, Order No. 1035-492.

Respectfully submitted,

NIXON & VANDERHYE P.C.

By: / Eric Sinn /
Eric Sinn
Reg. No. 40,177

901 North Glebe Road, 11th Floor
Arlington, VA 22203-1808
Telephone: (703) 816-4000
Facsimile: (703) 816-4100

COPY

Serial
Appl
Title

Serial No.: 10/764,444

Inventor/s: DAIROKU et al.

Title: METHOD OF MANUFACTURING WATER-
ABSORBING SHAPED BODY

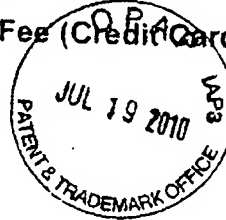
C#/M#: 1035-492

Atty: Eric Sinn

Date: Jul. 19, 2010

☒ Information Disclosure Statement
w/ PTO Form 1449 & 7 references

☒ \$180.00 Total Fee (Credit Card Form
attached)



Oth:

United States Patent and Trademark Office

Credit Card Payment Form

COPY

Please read Instructions before Completing this Form

Credit Card Information

Credit Card Type:	<input checked="" type="checkbox"/> American Express
Credit Card Account #:	XXXXXXXXXXXX
Credit Card Expiration Date:	03/2014
Name as it Appears on Credit Card:	Robert B. Barnas/Nixon & Vanderhye P.C.
Payment Amount: \$ (U.S. Dollars)	\$180.00
Signature:	Robert B. Barnas/ <i>Robert B. Barnas</i>
Date:	July 19, 2010
Refund Policy: The Office may refund a fee paid by mistake or in excess of that required. A change of purpose after the payment of a fee will not entitle a party to a refund of such fee. The office will not refund amounts of \$25.00 or less unless a refund is specifically requested, and will not notify the payor of such amounts (37 C.F.R. § 1.26). Refund of a fee paid by credit card will be issued as a credit to the credit card account to which the fee was charged.	
Service Charge: There is a \$50.00 service charge for processing each payment refused (including a check returned "unpaid") or charged back by a financial institution (37 C.F.R. § 1.21 (m)).	

Credit Card Billing Address

Street Address 1: 901 North Glebe Road	
Street Address 2: 11 th floor	
City: Arlington	
State/Province: VA	Zip/Postal Code: 22203
Country: U.S.A.	
Daytime Phone #: 703-816-4000	Fax #: 703-816-4100

Request and Payment Information

Description of Request and Payment Information: Dkt. No. ES-1035-492		
1806	Information Disclosure Statement	180.00

<input checked="" type="checkbox"/> Patent Fee	<input type="checkbox"/> Patent Maintenance Fee	<input type="checkbox"/> Trademark Fee	<input type="checkbox"/> Other Fee
Application No. 10/764,444	Application No.	Application No.	IDON Customer No.
Patent No.	Patent No.	Registration No.	
Attorney Docket No. 1035-492 ES		Identify or Describe Mark	

If the cardholder includes a credit card number on any form or document other than the Credit Card Payment Form, the United States Patent and Trademark Office will not be liable in the event that the credit card number becomes public knowledge.



United States
Patent and
Trademark Office

COPY



Deposit Account Statement

Requested Statement Month: July 2010
 Deposit Account Number: 141140
 Name: NIXON & VANDERHYE P.C.
 Attention: MICHELLE N LESTER
 Street Address 1: 901 NORTH GLEE ROAD, 11TH FLOOR
 Street Address 2:
 City: ARLINGTON
 State: VA
 Zip: 22203-1806
 Country: UNITED STATES

DATE SEQ	POSTING REF TXT	ATTORNEY DOCKET NBF	FEE CODE	AMT	EAL
07/06 15	10754444	1035-492 ES	1806	\$180.00	\$24,510.32